

STATE OF NEVADA **Public Records Request**

5500 Snyder Avenue Carson City, Nevada 89701

Department of Corrections (NDOC) email: publicrecords@doc.nv.gov

		A	ttention: Public	Inforn	nation Officer	
Date of Request						
Requestor Contact Information						
Name:						
Organization:						
Address:						
City, State, Zip:						
Phone:						
E-mail:						
Records Requested:						
Check one:		er copies	Electronic copies	_	d copies Inspection (in personal copies Inspection (in persona	
Please be specific and include as much detail as possible regarding the records you are requesting.						
To complete an estimate the accommutal need the following information:						
To complete an estimate, the agency will need the following information:						
☐ I will pick up			Please FedEx		☐ Please send USPS	E-mail (if format allows)
		Fed Ex billing number:		:		
C4-4						
Statement						
I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the						
records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to						
inspection or reproduction. Materials will be held for 30 days.						
D 4						
Requester		Signatura				
Signature					Signature	
Office Use Only						
Request status:					Estimate:	
Date		Da	anast ragginad			¢.
			quest received	,	Estimate:	
			ceipt acknowledgement iss	ued	Date deposit received	<u></u>
			quest filled		Actual (if different):	\$
		Estimated completion			Date final payment received	
		Estimate provided			Completed by	- <u></u>
		Re	quest denied in whole			
				1	Retain request form for three (3) cal	endar years from the end of the
		Oti	her:		calendar year in which the response was completed according to RDA	
				2	2015013	